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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10597018 | <b>Applicant(s)/Patent Under Reexamination</b><br>CHMIELEWSKI ET AL. |
|   | <b>Examiner</b><br>Brij B Shrivastav       | <b>Art Unit</b><br>2858  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 324                |                                   | 309      |  |  |  | G                            | 0 | 1 | V | 3 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 324                | 318                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
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|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 15    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 18    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 19    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 20    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 5        | 21    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        | 22    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        | 10    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        | 11    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        | 12    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 17  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|----------|-----------------------------|-------------------|
| NONE  |          | Total Claims Allowed:<br>22 |                   |
| (Assistant Examiner)                                  | (Date)   |                             |                   |
| /Brij B Shrivastav/<br>Primary Examiner.Art Unit 2858 | 11/15/10 | O.G. Print Claim(s)         | O.G. Print Figure |
| (Primary Examiner)                                    | (Date)   | 5                           | 1                 |